

House Bill 4598
Regulatory Reform Meeting
Xavier Eastway
admin@agapecareessential.com
Agape School

June 10, 2015

Members of the Committee:

Committee Regulatory Reform

Phone Matt Carnagie 517-373-2115

Location Room 519, House Office Building,
Lansing, MI

Date Wednesday, 6/10/2015

Time 12:00 PM

Agenda Testimony Only:

HB 4598 (Rep. McBroom) Health
occupations; health care
professionals; midwives; provide for
licensing and regulation.

Chair Representative Ray Franz

Thank you for the opportunity to provide my testimony on behalf of the Agape School, as a resident of Michigan and as a father of two, both born at home, regarding the importance of recognizing Direct-Entry Midwives and the critical care they provide which is being recognized in the House Bill 4598.

(Figure 1) 28 other states have already taken the necessary steps in recognizing and licensing Direct Entry Midwives and Certified Nurse Midwives for out-of-hospital births. Following this precedence is an important step in the progressive development of this State in supporting an undermined, yet vital, group of caregivers in this State.

Agape School focuses on providing client-focused education in topic areas which are limited in availability. If there is any particular group of caregivers that lack appropriate recognition and available legislation, it is indeed midwives serving mothers in out-of-hospital birth settings. Although, out-of-hospital births has steadily declined from 1900 to 1969 to approximately 1% of births (Figure 2), 1,000s of babies are still being delivered at home and birth centers across the State. I believe the decline is largely due to two reasons: lack of available nationally accredited educational programs and available funding sources.

Currently there are a mere 10 midwifery programs in the United States under the approval of the Midwifery Education Accreditation Council. Agape School is currently working to finish development on a MEAC accredited program here in Michigan.

Available funding sources are bare to none in Michigan leaving midwives and their clients with less resources than in-hospital clients. Additionally, hospital births are substantially more expensive leaving a financially heavier burden on Federal and State support programs and insurance companies. A study by the University of California reports that woman having hospital births for uncomplicated natural deliveries range from \$3,200 to \$37,000 and were billed for C-Sections between \$8,000 and \$71,000. In contrast out-of-hospital births typically range from \$2,000 to \$5,000.

In terms of reliability and safety towards out-of-hospital births I believe the CDC reports found in Figure 2 and 3 show a rise in pregnancy related deaths as the rate of out-of-hospital births decline. Moreover, Figure 4 also from a report by the CDC, shows a lower percentage of health related issues among babies born in the home versus in the hospital, such as preterm and low-birth weight.

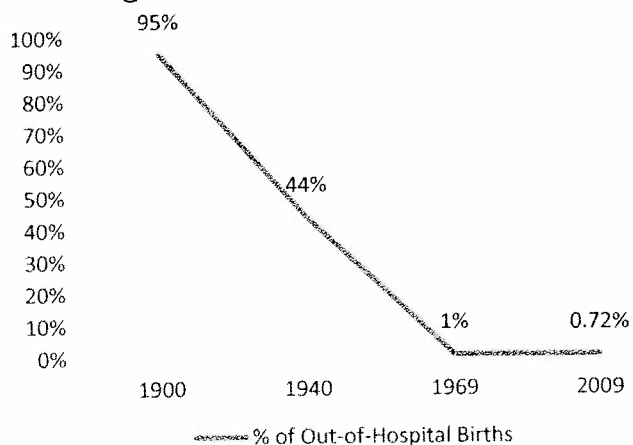
My point here is not to tear down OB/GYN units. Rather to emphasize a point that adequately trained and educated midwives do an excellent job at caring for mothers and their babies from prenatal to post-partum and everything in between. Therefore CPMs/CNMs should have the recognition as do current healthcare providers in the hospital setting and thus should require appropriate licensure allowing for billing of appropriate funding sources such as Medicaid and insurance companies with appropriate policies. Additionally requiring licensing to assist fathers and mothers, like my wife and I, be able to distinguish between approved or not approved midwives in our area.

Thank you all so much for taking the time to hear my testimony. Your consideration to our community's thoughts regarding midwifery licensure are much appreciated. God Bless

Licensing Available	Licensing Not Available
Alaska (Medicaid billing)	Alabama
Arizona	Connecticut
Arkansas	D.C.
California	Hawaii
Colorado	Illinois
Delaware	Iowa
Florida	Kansas
Georgia	Kentucky
Idaho	Maine
Indiana	Maryland
Louisiana	Massachusetts
Minnesota	Michigan
Missouri (DEM permitted, CNM lic.)	Mississippi
Montana	Nebraska
New Hampshire	Nevada
New Jersey (MEAC CPMs)	North Carolina
New Mexico	North Dakota
New York	Ohio
Oregon (Medicaid billing)	Oklahoma
South Carolina	Pennsylvania
Tennessee	Rhode Island
Texas	South Dakota
Utah	West Virginia
Vermont	
Virginia	
Washington (Medicaid billing)	
Wisconsin	
Wyoming	

Source: Midwives Alliance of North America

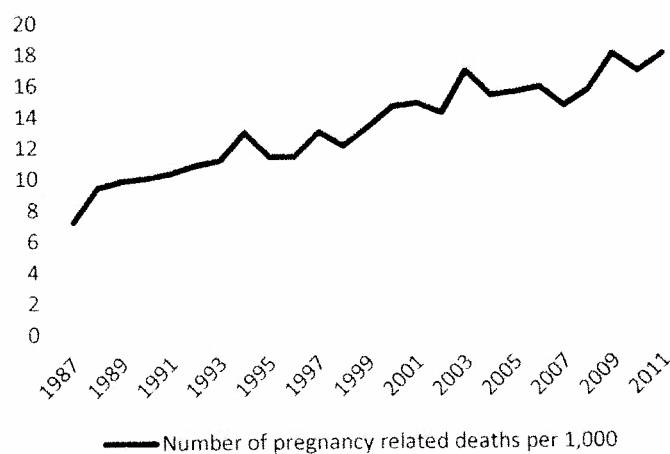
Fig. 2: U.S. Out-of-Hospital Births



Source: Centers for Disease Control and Prevention

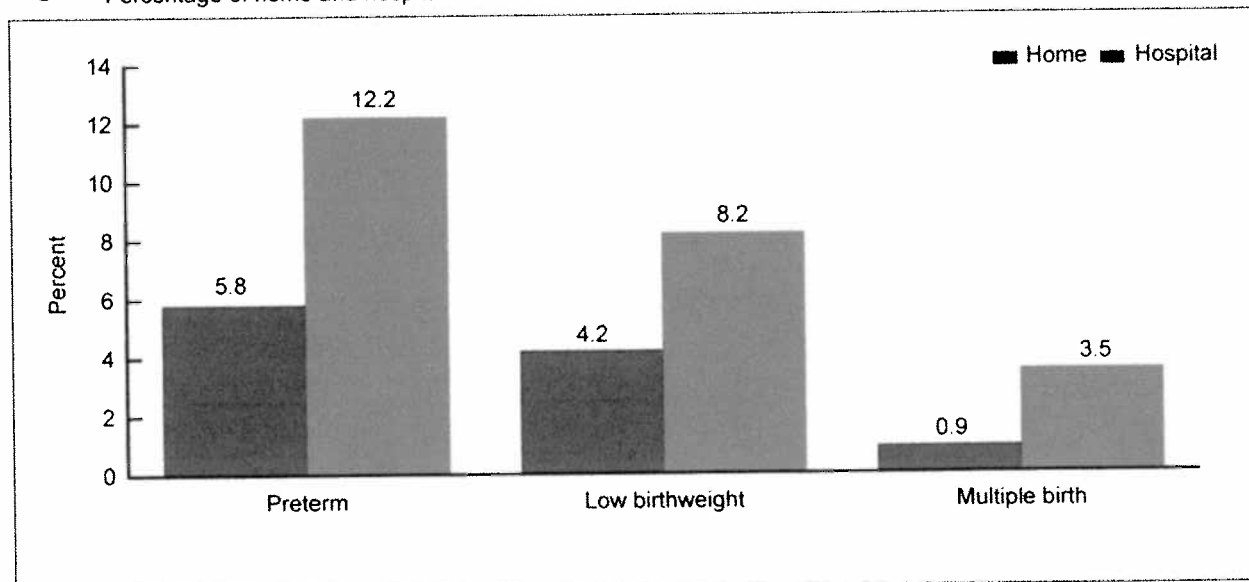
Note: Number of births in the U.S. irregularly range from a low of 2.5 mil/year (1930s) to 4.3 mil/year (1960s and early 2000s)

Fig 3: U.S. Pregnancy Related Deaths



Source: Centers for Disease Control and Prevention

Fig 4: Percentage of home and hospital births with selected infant health characteristics: United States, 2009



SOURCE: CDC/NCHS, birth certificate data from the National Vital Statistics System